



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:10 am, Mar 16, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <u>66605166</u>	NAME OF AGENCY <u>509TH Security Forces</u>	DATE OF INSPECTION <u>12 Mar 15</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1031 Vonderberg Ave Whiteman AFB</u>		TIME OF INSPECTION <u>10:11</u>
CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.		

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <u>PASSED</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) <u>PASSED</u> DATE AND TIME (FROM PRINTOUT) <u>03/12/2015 10:11</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST <u>PASSED</u>
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) <u>PASSED</u>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Labs Inc</u> LOT # <u>14030</u> EXP. DATE <u>1/20/16</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0°C</u> SIMULATOR SN <u>SD3147</u> EXP. DATE <u>9/22/15</u>
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.098</u>	TEST 2 <u>.097</u>	TEST 3 <u>.096</u>
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED) RFI Detected

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	0-04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>1</u>	Over .19 <u>0</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

corrected time to daylight savings

INSPECTING OFFICER

SIGNATURE <u>Billy R Matheny</u>	PRINT FULL NAME <u>Billy R Matheny</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240232</u>	TELEPHONE NUMBER <u>(660) 687-5807</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

WHITEMAN AFB
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005166
03/12/2015

TEST	%BAC	TIME
AIR BLANK	.000	10:14
CAL. CHECK	.098	10:14
AIR BLANK	.000	10:15
CAL. CHECK	.097	10:15
AIR BLANK	.000	10:15
CAL. CHECK	.096	10:16
AIR BLANK	.000	10:16

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005166
E735.23
INVALID TEST
INHIBITED - RFI

03/12/2015
10:13

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005166
E735. 2303/12/2015
10:12

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

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WHITEMAN AFB
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005166
03/12/2015

DIAGNOSTIC TEST

10:11

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

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ADDITIONAL INFORMATION AND/OR REMARKS



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
BILLY R MATHENY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

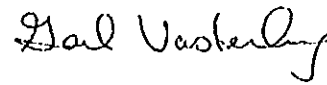
DATE 5/12/2014

NUMBER 240232

EXPIRES 5/12/2016

MO 580-0771 (0-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

 **STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **MATHENY, BILLY**
Permit No **240232**
Date Issued **5/12/2014** Date Expires **5/12/2016**